

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.04099633</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>3,491,182.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,491,182.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>34,586,643.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00011220</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>9,554.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,239.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>81,504.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00145397</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>123,817.79</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>61,791.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>606,379.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00938333</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>799,069.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>204,010.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,965,677.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00149500</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>127,311.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>35,915.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>347,304.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

**Total amount collected:** \$127,020,931.87 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$85,158,421.07 **County/City Ratio:** 0.00118558  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>100,962.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,963.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>200,233.60</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100418A  
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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.02081556</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,772,620.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,772,620.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,561,100.02</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00140173</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>119,369.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,233.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>401,214.80</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100418A  
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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00542726</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>462,176.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>108,648.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,043,435.02</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.02542399</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,165,066.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,165,066.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>21,449,002.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00134475</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>114,516.79</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>35,723.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>346,573.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00944553</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>804,366.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>116,048.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,116,053.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00935974</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>797,060.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>157,618.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,501,944.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00182883</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>155,740.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>45,714.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>442,640.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.01731626</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,474,625.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,474,625.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,608,901.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00466499</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>397,263.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>113,979.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,102,796.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00205165</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>174,715.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,418.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>707,914.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

**Total amount collected:** \$127,020,931.87 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$85,158,421.07 **County/City Ratio:** 0.00147004  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>125,186.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>68,711.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,474.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>553,086.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.32827785</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>27,955,623.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,955,623.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>276,952,406.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00459604</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>391,391.51</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,176.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>995,317.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.01088548</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>926,990.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>154,399.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,462,375.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00078332</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>66,706.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,200.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>225,787.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00296651</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>252,623.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>87,123.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>847,709.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00573509</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>488,391.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>488,391.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,838,429.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00086397</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>73,574.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,670.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>259,851.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00123309</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>105,008.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>68,077.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>670,991.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00843637</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>718,427.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>718,427.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,117,358.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00458914</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>390,803.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>84,507.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>808,669.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

**Total amount collected:** \$127,020,931.87 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$85,158,421.07 **County/City Ratio:** 0.00291056  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>247,858.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>61,779.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>594,706.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.05520311</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>4,701,009.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,701,009.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>46,572,236.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00358833</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>305,576.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>305,576.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,027,296.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00123396</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>105,082.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,562.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>141,341.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.03234151</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,754,151.93</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,754,151.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>27,284,985.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.03348594</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,851,609.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,851,609.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>28,250,492.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00176124</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>149,984.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,383.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>399,858.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.03592459</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>3,059,281.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,059,281.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,307,862.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.06138058</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>5,227,073.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,227,073.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>51,783,876.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.06260937</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>5,331,715.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,331,715.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>52,820,548.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

**Total amount collected:** \$127,020,931.87 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$85,158,421.07 **County/City Ratio:** 0.01414136  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>1,204,255.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,204,255.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,930,397.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00470870</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>400,985.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>400,985.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,972,505.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.01453003</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,237,354.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,237,354.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,258,294.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00867979</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>739,157.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>739,157.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,322,725.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.03493360</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,974,890.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,974,890.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>29,471,813.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00588652</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>501,286.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>501,286.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,966,176.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00804393</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>685,008.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>148,907.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,425,269.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00028606</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>24,360.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,771.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>105,448.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00227385</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>193,637.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,434.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>546,298.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

**Total amount collected:** \$127,020,931.87 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$85,158,421.07 **County/City Ratio:** 0.01146356  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>976,218.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>289,105.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,800,132.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.01854596</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,579,344.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>261,008.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,473,082.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.01149562</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>978,948.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>978,948.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,698,314.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00448589</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>382,011.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>82,399.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>788,413.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00302136</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>257,294.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>66,064.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>636,681.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00127824</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>108,852.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>47,703.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>466,890.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.01023677</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>871,747.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>871,747.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,636,269.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

**Total amount collected:** \$127,020,931.87 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$85,158,421.07 **County/City Ratio:** 0.00234037  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>199,302.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>53,770.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>519,135.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.01356890</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,155,506.10</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,155,506.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,447,426.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00373362</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>317,949.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>317,949.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,149,877.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

**Total amount collected:** \$127,020,931.87 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$85,158,421.07 **County/City Ratio:** 0.00366094  
**County Medical Services Program Offset Ratio:** 0.10000000

Gross Claim	\$	311,759.87
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	72,201.87
YTD Amount:	\$	692,975.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00123265</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>104,970.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>104,970.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,039,922.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00559311</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>476,300.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>476,300.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,718,646.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A  
PAYMENT ISSUE DATE: 6/27/2012

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2012 TO: 6/15/2012

<b>Total amount collected:</b>	<b>\$127,020,931.87</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$85,158,421.07</b>	<b>County/City Ratio:</b>	<b>0.00187638</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>159,789.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>159,789.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,583,005.62</b>